



STATE OF MARYLAND

DHMH

Maryland Medicaid Pharmacy Program  
Division of Clinical Pharmacy Services

Maryland Department of Health and Mental Hygiene

201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

### Recipient Lock-In Referral Form

The Maryland Medicaid Pharmacy Program locks in fee-for-service\* recipients to one pharmacy if there is evidence the recipient has been seeking out multiple providers to prescribe similar controlled substances and/or patronizing multiple pharmacies. The Corrective Managed Care Program regularly screens recipient profiles to identify candidates for lock-in. The program also accepts recommendations from prescribers and pharmacies.

To refer a recipient, please complete and sign the form below. Fax to the Maryland Medicaid Pharmacy Program at 410-333-5398. The Maryland Pharmacy Program will keep referrals confidential, and the identity of the recommending prescribers or pharmacists will not be disclosed to recipients subject to lock-in. For questions or concerns contact the Corrective Managed Care Pharmacist at 410-767-5945.

Recipient Name: \_\_\_\_\_

Recipient Medicaid ID Number: \_\_\_\_\_

Recipient Date of Birth: \_\_\_\_\_

Referring Prescriber/Pharmacist : \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for Referral

\_\_\_\_\_ Multiple Pharmacies

\_\_\_\_\_ Multiple Prescribers

\_\_\_\_\_ Multiple ER visits

Additional information \_\_\_\_\_

\_\_\_\_\_

Signature of Prescriber/Pharmacist: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This form should not be used for recipients who are covered by a managed care organization.*

Toll Free 1-877-4MD-DHMH. TTY for Disabled-Maryland Relay Service 1-800-735-2258

Web Site: [www.dhmh.state.md.us](http://www.dhmh.state.md.us)